

Case 2:14-cv-00074-JRG-MCLC Document 2-1 Filed 03/14/14 Page 1 of 39 PageID #: 48

North State of Franklin Road, Johnson City, Tennessee. At all times material all of the plaintiffs were citizens and residents of the State of Virginia and at all times material the individual defendant was a citizen and resident of Tennessee and the corporate defendant was a corporation with its principal place of business in Tennessee and incorporated in Tennessee. Jurisdiction of this cause of action is based upon diversity and citizenship 28 U.S.C. 1332 et seq. It is asserted that this Court has subject matter jurisdiction as well as jurisdiction of the parties based upon the foregoing. The amount in controversy exceeds \$75,000.00.

2. The plaintiffs have complied with T.C.A. §29-26-121(a)(1), by providing pre suit notice to all of the defendants by correspondence dated December 20, 2013. Further, Plaintiffs' counsel has complied with T.C.A. §29-26-121(a)(3)(b), by attaching hereto an affidavit establishing that pre suit notice was timely mailed by certified mail, return receipt requested. A copy of each pre suit notice, including a HIPAA compliant release, is attached to said affidavit, along with a certificate of mailing from the United States postal service stamped with the date of mailing for each pre suit notice. Lastly, Plaintiffs' counsel has complied with T.C.A. §29-26-122 by attaching hereto a Certificate of Good Faith and have obtained a signed written statement from Dr. James W. Wheless, the Le Bonheur Chair in Pediatric Neurology and Director of the Le Bonheur Comprehensive Epilepsy Program located at the Le Bonheur Children's hospital.

3. On or about December 24, 2010 the plaintiff Rachael Dockery awoke at approximately 6:30 a.m. to discover her child BND having a seizure. She attempted to resolve the seizure for BND at home; however, the child continued to have seizures. Plaintiff Rachael Dockery contacted the Scott County Life Saving Crew and decided,

when they did not come immediately, to take the child to Indian Path Medical Center in Kingsport Tennessee. She was met en route by the Scott County Virginia Life Saving Crew and BND was taken to Indian Path Medical Center, which facility is owned and operated by Defendant Mountain States Health Alliance. Physicians at Indian Path Medical Center attempted to stop BND's seizures by administering medications; however, plaintiff Rachael Dockery was informed by medical personnel that the child needed to be transferred to a pediatric hospital. BND was thus transferred immediately and emergently to Johnson City Medical Center's children's hospital. Upon arrival at Johnson City Medical Center, which is also owned and operated by defendant Mountain States Health Alliance, the child was admitted to the pediatric intensive care unit. On that same day, defendant doctor Melinda A. Lucas undertook the care of BND.

4. On December 25, 2010 an EEG and an MRI were done on BND. This was ordered by Dr. Lucas, however the EEG and MRI were not read on December 25th and plaintiff Rachael Dockery was informed that the physician that read tests of that type was not due in because of the Christmas holiday and that they should know something by the following day or by December 27th.

5. BND's condition began to worsen on December 26th. BND continued to have seizures throughout the day of December 26th. BND went into full body convulsions on December 26th however, BND was not seen by a physician until later on the night of December 26th. No medication was given to BND and when Dr. Lucas was asked again by plaintiff Rachel Dockery about the test results from the EEG's and the MRI she stated that the physician that reads those tests would be in on the following day, December 27th. Dr. Lucas was asked by BND's parents if there was any need to

take BND to Knoxville Children's Hospital; however, Dr. Lucas stated that the care that BND would receive at Johnson City Medical Center would be the same. Dr. Lucas opined that there was no medical emergency justifying transfer of BND to Knoxville Children's Hospital.

6. On December 27th BND's condition was still worsening and another EEG was done and BND had another seizure. Finally, on December 27th, an MRI was performed. It appeared that BND was losing her eyesight on that date and Rachael Dockery requested that a doctor see her to determine whether or not she had lost her eyesight. She was again informed on that date, December 27th that the EEG results were still not available. Rachael Dockery was also informed that BND's seizures had caused some brain damage however, they were not able to tell exactly how much, despite having performed an MRI, as those results were also unavailable. On December 28th, Mr. Brad Dockery, the father of the plaintiff, and husband of Rachael Dockery was asked by Dr. Lucas if he thought BND needed to go to the Knoxville Children's Hospital. As a result of that conversation Dr. Lucas tried to obtain a medical flight to take BND to Knoxville, however that could not be arranged and BND was transferred by ambulance. On December 28th when BND was finally transported to the Knoxville Children's Hospital, physicians and surgeons there immediately did a CT scan which showed severe brain swelling. Rachael Dockery and her husband, Brad Dockery were informed that the only thing that could be done for BND at that point was to put her on a ventilator and give her medication to attempt to release the fluid on the brain. They were also informed by medical personnel that had BND been seen sooner at the Knoxville Children's Hospital there were options that would have released the swelling on the brain and thus minimizing

the brain damage to BND's brain. Drilling holes into the skull at this point was not an option as it would have resulted in BND's death. Rachael Dockery and Brad Dockery gave medical personnel at the Knoxville Children's Hospital a complete recitation of the history of BND's treatment at the Johnson City Medical Center.

7. Rachael Dockery, on behalf of BND asserts that BND's treatment by Dr. Melinda A. Lucas was negligent. It is asserted that Dr. Lucas failed to emergently treat the seizures of BND with appropriate medication and other surgical intervention. Specifically the plaintiffs assert that defendant Lucas knew or should have known that BND was having repeated seizures while in the hospital at Johnson City commencing on December 24th, 2010 through December 28, 2010 when Dr. Lucas finally transferred BND to Knoxville. Additionally, the plaintiffs assert that Dr. Melinda Lucas did not emergently have the EEGs and MRI read which tests were performed immediately upon BND's admission to the Johnson City Medical Center pediatric intensive care unit. The tests which were finally read by Dr. Dengler on or about January 5, 2011 clearly reveal that BND was having seizures on December 24th and thereafter. Had Dr. Lucas and the hospital had these tests emergently read and consulted promptly with Dr. Dengler or another radiologist, BND's brain swelling could have been reduced or diminished. In short, because of the negligence of Dr. Lucas, BND's seizure activity would have been diminished or eliminated and the severe brain injury that she now has would have been prevented or minimized. It is asserted further that personnel of Johnson City Medical Center Hospital failed to alert treating physicians and radiologists of the emergent needs of BND and thus they were negligent in their care and treatment of BND.

LAW OFFICE
DAVID W. BLANKENSHIP
KINGSPORT, TENN.

8. It is asserted that Dr. Melinda Lucas was negligent in failing to properly evaluate and treat BND at the Johnson City Medical Center Hospital. There was no active intervention by Dr. Lucas during the four days that BND was a patient. The four days that BND was at Johnson City Medical Center Hospital pediatric care unit were critical. Dr. Lucas failed to obtain readings of the MRI and EEGs which clearly would have shown and did show subsequently that BND was having seizures which seizures could and should have been prevented thus minimizing any brain injury to BND. Dr. Lucas simply allowed the plaintiff BND to continue to suffer with her brain swelling and repeatedly ordered EEGs that she knew would not be read. When BND reached the Knoxville Children's Hospital the damage had already occurred. There was little that the physicians and surgeons and medical personnel at Knoxville Children's Hospital could do when BND was finally transported there.

9. It is asserted by the plaintiffs herein that Dr. Melinda Lucas at all times during her treatment of BND was acting on behalf of or was acting as the agent, servant and employee of Mountain States Health Alliance. She was acting as its agent, servant and employee and Mountain States Health Alliance is variously liable for the negligence of Dr. Lucas. She was also acting on her own behalf at all times material and it is asserted that the negligence of Dr. Lucas as set out herein is fully and completely attributable to Mountain States Health Alliance.

10. It is asserted that Mountain States Health Alliance employees, agents and servants were negligent in that they failed to call to the attention of treating physicians and surgeons the abnormal nature of the tests that had been ordered by Dr. Melinda Lucas.

11. It is asserted by the plaintiff BND, by and through her mother, Rachael Dockery that the negligence of the defendants and each of them combined and concurred to cause injuries and damages to BND. The swelling on BND's brain has resulted in severe brain damage and permanent physical damage to BND. BND is wheelchair bound with little or no control over her extremities and is unable to talk or otherwise communicate. She is effectively blind and now possesses the mentality of less than a two year old although she is some six years old. She requires constant care and attention medically and physically. There is literally nothing else that can be done for BND; however, she has survived and will live many years past the happening of these events. She continually suffers from pain and other maladies that are associated with severe brain damage and has completely lost the ability to earn wages or support herself in the future. It is asserted that the losses of BND are permanent and will be permanent in the future for an undetermined length of time. It is asserted that these catastrophic losses are caused or proximately caused by the combined negligence of all of the defendants. Each and every defendant failed to carry out their responsibilities to BND and thus these defendants should be required to answer to BND in damages. They are the proximate cause of her damages and injuries.

12. Rachael Dockery and Brad Dockery, on their own behalf asserts that they have lost the services and society of BND and will lose that in the future. They have had to undertake the role of caretaker with respect to BND as they need attendance on a regular basis. Rachael Dockery and Brad Dockery have taken BND to numerous physicians and surgeons and neurologists, pediatric and otherwise, in an attempt to determine if BND's condition can be improved. Her condition cannot be improved as

Rachael Dockery and Brad Dockery have discovered there is no treatment available to BND except to make her comfortable now and in the future. Rachael Dockery and Brad Dockery assert that they have sustained these losses, including lost wages past and potentially in the future, as a result of the combined negligence of the defendants and they have incurred substantial amounts of medical expense as a result of BND's care which medical expense the defendants should bear as damages. Rachael Dockery and Brad Dockery further assert that they will incur full time care expenses and medical expenses in the future in an undetermined amount and they assert that the defendants and each of them, either individually or collectively, are responsible to them for those medical care and physical care expenses in the future.

LAW OFFICE
DAVID W. BLANKENSHIP
KINGSPORT, TENN.

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BND by \$
Next friend and mother, RACHAEL \$
DOCKERY and RACHAEL DOCKERY, \$
Individually and BRAD DOCKERY, \$
Individually \$

Defendants.

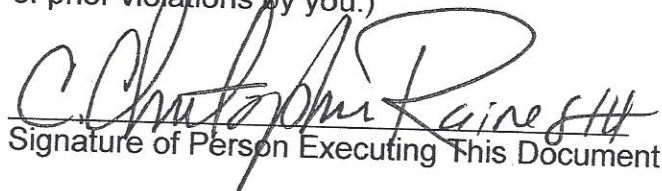
☐ 2. The Plaintiff or Plaintiff's counsel has consulted with one (1) or more experts who have provided a signed written statement confirming that upon information and belief they:

- (A) Are competent under §29-26-115 to express opinions in the case; and
- (B) Believe, based on the information available from the medical records reviewed concerning the care and treatment of the Plaintiff for the incident(s) at issue and, as appropriate, information from the Plaintiff or others with knowledge of the incident(s) at issue, that there are facts material to the resolution of the case that cannot be reasonably ascertained from the medical records or information reasonably available to the Plaintiff or Plaintiff's counsel; and that despite the absence of this information there is a good faith basis for maintaining the action as to each Defendant consistent with the requirements of §29-26-115. Refusal of the defendant to release the medical records in a timely fashion, or where it is impossible for the plaintiff to obtain the medical records shall waive the requirement that the expert review the medical records prior to expert certification.

Signature of Plaintiff if not represented,
or Signature of Plaintiff's Counsel

B. You MUST complete the information below and sign.

I have been found in violation of T.C.A. § 29-26-122 0 prior times (insert number of prior violations by you.)


Signature of Person Executing This Document

3/7/14
Date

LAW OFFICE
DAVID W. BLANKENSHIP
KINGSPORT, TENN.

The undersigned Plaintiff and plaintiff's counsel hereby certify that they either collectively or individually have consulted with one or more experts who have provided a written statement confirming that upon information and belief such expert is competent under T.C.A. §29-26-115 to express an opinion or opinions and believe based upon the information available from the medical records concerning the care and treatment of Baylee Nichole Dockery for the incident or incidents at issue that there is a good faith basis to maintain this action consistent with the requirements of T.C.A. §29-26-115. The plaintiff and/or plaintiff's counsel have consulted with one or more experts who have provided a signed written statement confirming that upon information and belief that they are competent under T.C.A. §29-26-115 to express an opinion or opinions in this case.

Consistent with T.C.A. §29-26-122 the plaintiff and plaintiff's counsel hereby disclose that there have been no prior violations of this section by either the plaintiff or the plaintiff's counsel.

Witness the signature of the plaintiff, Rachael Dockery and plaintiff's counsel, C. Christopher Raines, III, this the 7th day of MARCH, 2014.

Rachael S. Dockery
Rachael Dockery

C. Christopher Raines III
C. Christopher Raines, III

STATE OF TENNESSEE:

COUNTY OF SULLIVAN:

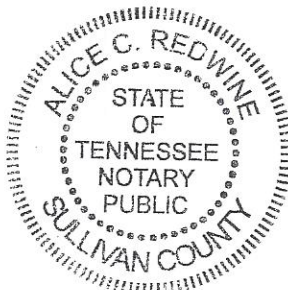
SWORN TO AND SUBSCRIBED before me, a notary public in and for the aforesaid state and county, by Rachael Dockery, this the 7th day of march, 2014.

Alice C. Redwine
Notary Public

My commission expires:

9-21-16

STATE OF TENNESSEE:



LAW OFFICE
DAVID W. BLANKENSHIP
KINGSPORT, TENN.

COUNTY OF SULLIVAN:

SWORN TO AND SUBSCRIBED before me, a notary public in and for the
aforesaid state and county, by C. Christopher Raines, III, this the 27th day of
March, 2014.

Alice C. Redwine
Notary Public

My commission expires:
9-21-16



LAW OFFICE
DAVID W. BLANKENSHIP
KINGSPORT, TENN.

**BND by Next friend and mother,
RACHAEL DOCKERY and
RACHAEL DOCKERY, Individually
and BRAD DOCKERY, Individually**

VS.

Civil Action No. 2:14-CV-00074
JURY DEMANDED

Defendants.

The undersigned, David W. Blankenship, hereby swears and affirms on personal knowledge and information as follows:

1. I am the attorney for BND, Rachael Dockery, and Brad Dockery in a Civil Action filed in U. S. District Court for the Eastern District of Tennessee, Northeastern Division.

2. On or about December 20, 2013 I timely mailed by Certified Mail, return receipt requested, pre suit notices to Dr. Melinda Lucas, Dr. John Dengler, Tri-State Mountain Neurology and Mountain States Health Alliance pursuant to T.C. A. §29-26-121 along with a HIPAA compliant medical authorization. Copies of the pre suit notices are attached to this affidavit.

3. I further attach to this affidavit copies of the certified mail receipts for these notices and the certificate of mailing receipts for each pre suit notice.

Further this affiant sayeth not.

David W. Blankenship
DAVID W. BLANKENSHIP

STATE OF TENNESSEE
COUNTY OF SULLIVAN

SUBSCRIBED AND SWORN to before me this 3rd day of March, 2014 by
David W. Blankenship this the 8th day of March, 2014.

C. Christopher Raines
NOTARY PUBLIC

My commission expires:

10/12/14



LAW OFFICE
DAVID W. BLANKENSHIP
KINGSPORT, TENN.

BLANKENSHIP LAW OFFICE

DAVID W. BLANKENSHIP

ATTORNEY AT LAW

dblanklaw@gmail.com

CERTIFIED CIVIL TRIAL SPECIALIST



TN SUPREME COURT RULE 31

APPROVED GENERAL CIVIL MEDIATOR

LICENSED IN TENNESSEE & MISSISSIPPI

C. CHRISTOPHER RAINES, III

ATTORNEY AT LAW

attorneyrainesc@gmail.com

LICENSED IN TENNESSEE

December 20, 2013

Mountain States Health Alliance
Timothy Belisle, Registered Agent
400 N. State of Franklin Road
Johnson City, TN 37604

REGISTERED MAIL

B-11323 – Rachael Dockery, mother and next friend of

BND

Dear Sirs:

Pursuant to T.C.A. §29-26-121, please be advised that I am the attorney representing Ms. Rachael Dockery, mother of ~~xx/xx/2008~~ BND and that I am the authorized agent of Ms. Dockery (2979 Manville Road, Gate City, VA 24251). Through me, Ms. Dockery on behalf of BND is asserting a potential claim for medical malpractice, medical battery, and negligence against Mountain States Health Alliance. Enclosed is a HIPAA compliant medical authorization form in accordance with T.C.A. §29-26-121(2)(E). Pre-suit notice has also been provided to the following:

Dr. Melinda A. Lucas
PED CONSULT INC & PED CON E TENN PC
1924 Alcoa Highway
Knoxville, TN 37920

Dr. John M. Dengler
105 Woodlawn Dr.
Johnson City, TN 37604

Dr. Melinda A. Lucas
400 N. State of Franklin Road
Johnson City, TN 37604

Tri-State Mountain Neurology
Associates, P.C.
Stephen M. Kimbrough, MD,
Registered Agent
105 Woodlawn Dr.
Johnson City, TN 37604

Dr. Melinda A. Lucas
ETSU Physicians & Associates/Pediatrics
325 N. State of Franklin Road/Ground Floor
Johnson City, TN 37604

We are requesting that Mountain States Health Alliance provide the above physician(s)/provider(s) with all medical records in its possession relative to BND upon receipt of this correspondence.

Sincerely,

David W. Blankenship
122 E. Market Street
Kingsport, TN 37662
423-246-5052

DWB/acr

Encl.

cc: Ms. Rachael Dockery

HIPAA COMPLIANT
AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient:

BND

Birth Date:

xx/xx/2008

Social Security No.:

xxx/xx/1666

A. I hereby authorize any of the following listed providers to release information from my medical records to any other medical provider and/or attorney listed below:

- (1) Dr. Melinda Lucas, PED CONSULT INC & PED CON E TENN PC, 1924 Alcoa Highway, Knoxville, TN 37920
- (2) Dr. Melinda Lucas, 400 N. State of Franklin Road, Johnson City, Tn 37604
- (3) Dr. Melinda Lucas, ETSU Physicians & Associates/Pediatrics, 325 N. State of Franklin Road/Ground Floor, Johnson City, Tn 37604
- (4) ETSU Physicians & Associates/Pediatrics, 325 N. State of Franklin Road/Ground Floor, Johnson City, Tn 37604
- (5) Mountain States Health Alliance, Timothy Belisle, Registered Agent, 400 N. State of Franklin Road, Johnson City, TN 37604
- (6) Tri State Mountain Neurology Associates, P.C., Stephen M. Kimbrough, M.D., Registered Agent, 105 Woodlawn Drive, Johnson City, TN 37604
- (7) Dr. John M. Dengler, 105 Woodlawn Drive, Johnson City, TN 37604.
- (8) David W. Blankenship, Attorney, 122 E. Market Street, Kingsport, Tn 37660

B. For the following purpose: To be reviewed by said providers and his/her/their attorneys, agents or representatives in connection with a potential medical malpractice action.

C. For treatment dates: Birth to present and valid for the duration of the claim and/or subsequent lawsuit.

D. Description of Information to be used.

Copies of medical records regarding BND in the possession of the medical providers listed above in Part A, including but not limited to all medical records, meaning every page in the records, including but not limited to; office notes, face sheets, history and physical, consultation notes, inpatient, outpatient and emergency room, treatment, all clinical charts, reports, order sheets, progress notes, nurse's notes, social worker records, clinic records, treatment plans, admission records, discharge summaries, requests for and reports of consultations, documents, correspondence, test results, statements, questionnaires/histories, correspondence, photographs, telephone messages, and records received by other medical providers. All physical, occupational and rehab requests, consultations and progress notes. All autopsy, laboratory, histology, cytology, pathology, immunohisto- chemistry records and specimens; radiology records and films including CT scan, MRI, MRA, EMG, bone scan, myelogram; nerve conduction study, echocardiogram and cardiac catheterization results, videos/CDs/films/reels and reports. All pharmacy prescription records. All billing records including all statements.

E. I understand the information to be released or disclosed may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency Virus (HIV), and alcohol and drug abuse. I authorize the release or disclosure of this type of information. This authorization is given in compliance with the federal consent requirements for release of alcohol or substance abuse records of 42 CFR 2.31, the restrictions of which have been specifically considered and expressly waived.

F. I understand the following:

1. I have a right to revoke this authorization in writing at any time by mailing a notice of revocation to any of the providers listed above, except to the extent information has been released in reliance upon this authorization.
2. The information released in response to this authorization may be re-disclosed to other parties.
3. Treatment or payment for treatment cannot be conditioned on the signing of this authorization.
4. The providers releasing the medical records are hereby released and discharged of any liability and I will hold the facilities harmless for complying with this authorization for release of medical information.

G. Any facsimile, copy or photocopy of this authorization shall authorize the medical provider to release the records requested herein. This authorization shall be in force and effect until the conclusion of any litigation involving the providers listed above.

12/17/13
Date

Rachael J. Dockery
Signature of patient or legally authorized representative

12/17/13
Date

Rachael J. Dockery
Rachael Dockery, mother and next friend of BND
a minor child.

12-17-13
Date

Alii Raduani
WITNESS SIGNATURE

**Certificate Of Mailing**

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing.
This form may be used for domestic and international mail.

From: David W. Blankenship
P. O. Box 1909
Kingsport, TN 37662

To: Mountain States Health Alliance
Timothy Belisle, Registered Agent
400 N. State of Franklin Road
Johnson City, TN 37604

1000



U.S. POSTAGE
PAID
KINGSPORT, TN
37660
DEC 20 113
AMOUNT
\$1.20
00025885-09

PS Form 3817, April 2007 PSN 7530-02-000-9065

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mountain States Health Alliance
Timothy Belisle, Registered Agent
400 N. State of Franklin Road
Johnson City, TN 37604

2. Article Number

(Transfer from service label)

7011 1150 0001 9714 5719

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY**A. Signature**X D. Miller

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)D. Miller**C. Date of Delivery**12-23-13

- D. Is delivery address different from item 1?** ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

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For delivery information visit our website at www.usps.com**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here**Sent To**

Mountain States Health Alliance
Street, Apt. No.,
or PO Box No. Timothy Belisle, RA 400 N. State of
City, State, ZIP+4 Johnson City, TN 37604

PS Form 3800, August 2006

See Reverse for Instructions

BLANKENSHIP LAW OFFICE

DAVID W. BLANKENSHIP

ATTORNEY AT LAW

dblanklaw@gmail.com

CERTIFIED CIVIL TRIAL SPECIALIST



TN SUPREME COURT RULE 31

APPROVED GENERAL CIVIL MEDIATOR

LICENSED IN TENNESSEE & MISSISSIPPI

C. CHRISTOPHER RAINES, III

ATTORNEY AT LAW

attorneyrainesc@gmail.com

LICENSED IN TENNESSEE

December 20, 2013

Dr. Melinda A. Lucas
ETSU Physicians & Associates/Pediatrics
325 N. State of Franklin Road/Ground Floor
Johnson City, TN 37604

REGISTERED MAIL

B-11323 – Rachael Dockery, mother and next friend of

BND

Dear Dr. Lucas:

Pursuant to T.C.A. § 29-26-121, please be advised that I am the attorney representing Ms. Rachael Dockery, mother of BND xx/xx/ 2008) and that I am the authorized agent of Ms. Dockery (2979 Manville Road, Gate City, VA 24251). Through me, Ms. Dockery on behalf of BND is asserting a potential claim for medical malpractice, medical battery, and negligence against you. Enclosed is a HIPAA compliant medical authorization form in accordance with T.C.A. §29-26-121(2)(E). Pre-suit notice has also been provided to the following:

Mountain States Health Alliance
Timothy Belisle, Registered Agent
400 N. State of Franklin Road
Johnson City, TN 37604

Dr. Melinda A. Lucas
PED CONSULT INC & PED CON E TENN PC
1924 Alcoa Hwy
Knoxville, TN 37920

Dr. John M. Dengler
105 Woodlawn Dr.
Johnson City, TN 37604

Tri State Mountain Neurology Associates, P.C.
Stephen M. Kimbrough, M.D., Registered Agent
105 Woodlawn Dr.
Johnson City, TN 37604

Dr. Melinda A. Lucas
400 N. State of Franklin Road
Johnson City, TN 37604

We are requesting that you provide us and the above physician(s)/provider(s) with all medical records in your possession relative to BND upon receipt of this correspondence.

Sincerely,

David W. Blankenship
122 E. Market Street
Kingsport, TN 37662
423-246-5052

DWB/acr
Encl.

HIPAA COMPLIANT
AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient: BND Birth Date: xx/xx/2008 Social Security No.: xxx/xx/1666

A. I hereby authorize any of the following listed providers to release information from my medical records to any other medical provider and/or attorney listed below:

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- (2) Dr. Melinda Lucas, 400 N. State of Franklin Road, Johnson City, Tn 37604
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- (4) ETSU Physicians & Associates/Pediatrics, 325 N. State of Franklin Road/Ground Floor, Johnson City, Tn 37604
- (5) Mountain States Health Alliance, Timothy Belisle, Registered Agent, 400 N. State of Franklin Road, Johnson City, TN 37604
- (6) Tri State Mountain Neurology Associates, P.C., Stephen M. Kimbrough, M.D., Registered Agent, 105 Woodlawn Drive, Johnson City, TN 37604
- (7) Dr. John M. Dengler, 105 Woodlawn Drive, Johnson City, TN 37604.
- (8) David W. Blankenship, Attorney, 122 E. Market Street, Kingsport, Tn 37660

B. For the following purpose: To be reviewed by said providers and his/her/their attorneys, agents or representatives in connection with a potential medical malpractice action.

C. For treatment dates: Birth to present and valid for the duration of the claim and/or subsequent lawsuit.

D. Description of Information to be used.

Copies of medical records regarding BND in the possession of the medical providers listed above in Part A, including but not limited to all medical records, meaning every page in the records, including but not limited to; office notes, face sheets, history and physical, consultation notes, inpatient, outpatient and emergency room, treatment, all clinical charts, reports, order sheets, progress notes, nurse's notes, social worker records, clinic records, treatment plans, admission records, discharge summaries, requests for and reports of consultations, documents, correspondence, test results, statements, questionnaires/histories, correspondence, photographs, telephone messages, and records received by other medical providers. All physical, occupational and rehab requests, consultations and progress notes. All autopsy, laboratory, histology, cytology, pathology, immunohisto- chemistry records and specimens; radiology records and films including CT scan, MRI, MRA, EMG, bone scan, myelogram; nerve conduction study, echocardiogram and cardiac catheterization results, videos/CDs/films/reels and reports. All pharmacy prescription records. All billing records including all statements.

E. I understand the information to be released or disclosed may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency Virus (KIV), and alcohol and drug abuse. I authorize the release or disclosure of this type of information. This authorization is given in compliance with the federal consent requirements for release of alcohol or substance abuse records of 42 CFR 2.31, the restrictions of which have been specifically considered and expressly waived.

F. I understand the following:

1. I have a right to revoke this authorization in writing at any time by mailing a notice of revocation to any of the providers listed above, except to the extent information has been released in reliance upon this authorization.
2. The information released in response to this authorization may be re-disclosed to other parties.
3. Treatment or payment for treatment cannot be conditioned on the signing of this authorization.
4. The providers releasing the medical records are hereby released and discharged of any liability and I will hold the facilities harmless for complying with this authorization for release of medical information.

G. Any facsimile, copy or photocopy of this authorization shall authorize the medical provider to release the records requested herein. This authorization shall be in force and effect until the conclusion of any litigation involving the providers listed above.

12/17/13
Date

Rachael F. Dockery
Signature of patient or legally authorized representative

12/17/13
Date

Rachael F. Dockery
Rachael Dockery, mother and next friend of L. BND
, a minor child.

12-17-13
Date

Ally Reddick
WITNESS SIGNATURE



Certificate Of Mailing

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing.
This form may be used for domestic and international mail.

From:

David W. Blankenship

P. O. Box 1909

Kingsport, Tn 37662

To:

Dr. Melinda A. Lucas

EISU Physicians & Associates/Pediatrics

325 N. State of Franklin Road/Ground Floor

Johnson City, Tn 37604

PS Form 3817, April 2007 PSN 7530-02-000-9065

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Dr. Melinda A. Lucas

Street, Apt. No.,

or PO Box No.

EISU Physicians & Associates/Pediatrics

325 N. State of Franklin Rd/ Ground Floor

Johnson City, TN 37604

PS Form 3800, August 2006

See Reverse for Instructions

BLANKENSHIP LAW OFFICE

DAVID W. BLANKENSHIP

ATTORNEY AT LAW

dblanklaw@gmail.com

CERTIFIED CIVIL TRIAL SPECIALIST



TN SUPREME COURT RULE 31

APPROVED GENERAL CIVIL MEDIATOR

LICENSED IN TENNESSEE & MISSISSIPPI

C. CHRISTOPHER RAINES, III

ATTORNEY AT LAW

attorneyrainesc@gmail.com

LICENSED IN TENNESSEE

December 20, 2013

REGISTERED MAIL

Dr. Melinda A. Lucas
400 N. State of Franklin Road
Johnson City, TN 37604

B-11323 – Rachael Dockery, mother and next friend of BND

Dear Dr. Lucas:

Pursuant to T.C.A. § 29-26-121, please be advised that I am the attorney representing Ms. Rachael Dockery, mother of BND xx/xx/2008) and that I am the authorized agent of Ms. Dockery (2979 Manville Road, Gate City, VA 24251). Through me, Ms. Dockery on behalf of BND is asserting a potential claim for medical malpractice, medical battery, and negligence against you. Enclosed is a HIPAA compliant medical authorization form in accordance with T.C.A. §29-26-121(2)(E). Pre-suit notice has also been provided to the following:

Mountain States Health Alliance
Timothy Belisle, Registered Agent
400 N. State of Franklin Road
Johnson City, TN 37604

Dr. Melinda A. Lucas
PED CONSULT INC & PED CON E TENN PC
1924 Alcoa Hwy
Knoxville, TN 37920

Dr. John M. Dengler
105 Woodlawn Dr.
Johnson City, TN 37604

Tri State Mountain Neurology Associates, P.C.
Stephen M. Kimbrough, M.D., Registered Agent
105 Woodlawn Dr.
Johnson City, TN 37604

Dr. Melinda A. Lucas
ETSU Physicians & Associates/Pediatrics
325 N. State of Franklin Road, Ground Floor
Johnson City, TN 37604

We are requesting that you provide us and the above physician(s)/provider(s) with all medical records in your possession relative to BND upon receipt of this correspondence.

Sincerely,

David W. Blankenship
122 E. Market Street
Kingsport, TN 37662
423-246-5052

DWB/acr

Encl.

cc: Ms. Rachael Dockery

HIPAA COMPLIANT
AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient: BND Birth Date: xx/xx/2008 Social Security No.: xxx/xx/1666

A. I hereby authorize any of the following listed providers to release information from my medical records to any other medical provider and/or attorney listed below:

- (1) Dr. Melinda Lucas, PED CONSULT INC & PED CON E TENN PC, 1924 Alcoa Highway, Knoxville, TN 37920
- (2) Dr. Melinda Lucas, 400 N. State of Franklin Road, Johnson City, Tn 37604
- (3) Dr. Melinda Lucas, ETSU Physicians & Associates/Pediatrics, 325 N. State of Franklin Road/Ground Floor, Johnson City, Tn 37604
- (4) ETSU Physicians & Associates/Pediatrics, 325 N. State of Franklin Road/Ground Floor, Johnson City, Tn 37604
- (5) Mountain States Health Alliance, Timothy Belisle, Registered Agent, 400 N. State of Franklin Road, Johnson City, TN 37604
- (6) Tri State Mountain Neurology Associates, P.C., Stephen M. Kimbrough, M.D., Registered Agent, 105 Woodlawn Drive, Johnson City, TN 37604
- (7) Dr. John M. Dengler, 105 Woodlawn Drive, Johnson City, TN 37604.
- (8) David W. Blankenship, Attorney, 122 E. Market Street, Kingsport, Tn 37660

B. For the following purpose: To be reviewed by said providers and his/her/their attorneys, agents or representatives in connection with a potential medical malpractice action.

C. For treatment dates: Birth to present and valid for the duration of the claim and/or subsequent lawsuit.

D. Description of Information to be used.

Copies of medical records regarding BND in the possession of the medical providers listed above in Part A, including but not limited to all medical records, meaning every page in the records, including but not limited to; office notes, face sheets, history and physical, consultation notes, inpatient, outpatient and emergency room, treatment, all clinical charts, reports, order sheets, progress notes, nurse's notes, social worker records, clinic records, treatment plans, admission records, discharge summaries, requests for and reports of consultations, documents, correspondence, test results, statements, questionnaires/histories, correspondence, photographs, telephone messages, and records received by other medical providers. All physical, occupational and rehab requests, consultations and progress notes. All autopsy, laboratory, histology, cytology, pathology, immunohisto-chemistry records and specimens; radiology records and films including CT scan, MRI, MRA, EMG, bone scan, myelogram; nerve conduction study, echocardiogram and cardiac catheterization results, videos/CDs/films/reels and reports. All pharmacy prescription records. All billing records including all statements.

E. I understand the information to be released or disclosed may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency Virus (KIV), and alcohol and drug abuse. I authorize the release or disclosure of this type of information. This authorization is given in compliance with the federal consent requirements for release of alcohol or substance abuse records of 42 CFR 2.31, the restrictions of which have been specifically considered and expressly waived.

F. I understand the following:

1. I have a right to revoke this authorization in writing at any time by mailing a notice of revocation to any of the providers listed above, except to the extent information has been released in reliance upon this authorization.
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3. Treatment or payment for treatment cannot be conditioned on the signing of this authorization.
4. The providers releasing the medical records are hereby released and discharged of any liability and I will hold the facilities harmless for complying with this authorization for release of medical information.

G. Any facsimile, copy or photocopy of this authorization shall authorize the medical provider to release the records requested herein. This authorization shall be in force and effect until the conclusion of any litigation involving the providers listed above.

12/17/13
Date

Rachael J. Dockery
Signature of patient or legally authorized representative

12/17/13
Date

Rachael J. Dockery
Rachael Dockery, mother and next friend of [BND]
[BND], a minor child.

12-17-13
Date

Alvin C. [Signature]
WITNESS SIGNATURE



Certificate Of Mailing

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From: David W. Blankenship
P. O. Box 1909
Kingsport, TN 37662

To: Dr. Melinda A. Lucas
400 N. State of Franklin Road
Johnson City, TN 37604

1000



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PS Form 3817, April 2007 PSN 7530-02-000-9065

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Sent To
Dr. Melinda A. Lucas
400 N. State of Franklin Road
Johnson City, TN 37604

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dr. Melinda A. Lucas
400 N. State of Franklin
Johnson City, TN 37604

2. Article Number
(Transfer from service label)

7011 1150 0001 9714 5696

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X D. Miller ☐ Agent
☐ Addressee

B. Received by (Printed Name) D. Miller C. Date of Delivery 12-23-13

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
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4. Restricted Delivery? (Extra Fee) ☐ Yes

BLANKENSHIP LAW OFFICE

DAVID W. BLANKENSHIP
ATTORNEY AT LAW
dblanklaw@gmail.com

CERTIFIED CIVIL TRIAL SPECIALIST
TN SUPREME COURT RULE 31
APPROVED GENERAL CIVIL MEDIATOR
LICENSED IN TENNESSEE & MISSISSIPPI



C. CHRISTOPHER RAINES, III
ATTORNEY AT LAW
attorneyrainesc@gmail.com
LICENSED IN TENNESSEE

December 20, 2013

Dr. Melinda A. Lucas
PED CONSULT INC & PED CON E TENN PC
1924 Alcoa Highway
Knoxville, TN 37920

REGISTERED MAIL

B-11323 – Rachael Dockery, mother and next friend of BND

Dear Dr. Lucas:

Pursuant to T.C.A. § 29-26-121, please be advised that I am the attorney representing Ms. Rachael Dockery, mother of BND xx/xx2008) and that I am the authorized agent of Ms. Dockery (2979 Manville Road, Gate City, VA 24251). Through me, Ms. Dockery, on behalf of BND, is asserting a potential claim for medical malpractice, medical battery, and negligence against you. Enclosed is a HIPAA compliant medical authorization form in accordance with T.C.A. §29-26-121(2)(E). Pre-suit notice has also been provided to the following:

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Timothy Belisle, Registered Agent
400 N. State of Franklin Road
Johnson City, Tn 37604

Dr. Melinda A. Lucas
400 N. State of Franklin Road
Johnson City, TN 37604

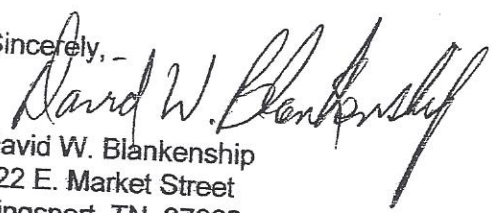
Dr. John M. Dengler
105 Woodlawn Dr.
Johnson City, TN 37604

Tri State Mountain neurology Associates, P.C.
Stephen M. Kimbrough, MD, Registered Agent
105 Woodlawn Dr.
Johnson City, TN 37604

Dr. Melinda A. Lucas
ETSU Physicians & Associates/Pediatrics
325 N. State of Franklin Road, Ground Floor
Johnson City, TN 37604

We are requesting that you provide us and the above physician(s)/provider(s) with all medical records in your possession relative to BND upon receipt of this correspondence.

Sincerely, -


David W. Blankenship
122 E. Market Street
Kingsport, TN 37662
423-246-5052

DWB/acr
Encl.

HIPAA-COMPLIANT
AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient:

BND

Birth Date:

xx/xx /2008

Social Security No.:

xxx/xx/ 1666

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- (1) Dr. Melinda Lucas, PED CONSULT INC & PED CON E TENN PC, 1924 Alcoa Highway, Knoxville, TN 37920
- (2) Dr. Melinda Lucas, 400 N. State of Franklin Road, Johnson City, Tn 37604
- (3) Dr. Melinda Lucas, ETSU Physicians & Associates/Pediatrics, 325 N. State of Franklin Road/Ground Floor, Johnson City, Tn 37604
- (4) ETSU Physicians & Associates/Pediatrics, 325 N. State of Franklin Road/Ground Floor, Johnson City, Tn 37604
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- (6) Tri State Mountain Neurology Associates, P.C., Stephen M. Kimbrough, M.D., Registered Agent, 105 Woodlawn Drive, Johnson City, TN 37604
- (7) Dr. John M. Dengler, 105 Woodlawn Drive, Johnson City, TN 37604.
- (8) David W. Blankenship, Attorney, 122 E. Market Street, Kingsport, Tn 37660

B. For the following purpose: To be reviewed by said providers and his/her/their attorneys, agents or representatives in connection with a potential medical malpractice action.

C. For treatment dates: Birth to present and valid for the duration of the claim and/or subsequent lawsuit.

D. Description of Information to be used.

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E. I understand the information to be released or disclosed may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency Virus (KIV), and alcohol and drug abuse. I authorize the release or disclosure of this type of information. This authorization is given in compliance with the federal consent requirements for release of alcohol or substance abuse records of 42 CFR 2.31, the restrictions of which have been specifically considered and expressly waived.

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G. Any facsimile, copy or photocopy of this authorization shall authorize the medical provider to release the records requested herein. This authorization shall be in force and effect until the conclusion of any litigation involving the providers listed above.

12/17/13
Date

Rachael J. Dockery
Signature of patient or legally authorized representative

12/17/13
Date

Rachael J. Dockery
Rachael Dockery, mother and next friend of, BND
; a minor child.

12-17-13
Date

Ann Chedoke
WITNESS SIGNATURE



Certificate Of Mailing

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From: David W. Blankenship

P. O. Box 1909

Kingsport, Tn 37662

To: Dr. Melinda A. Lucas

RED CONSULT INC & ped con e term pc

1924 Alcoa Highway

Knoxville, TN 37920

PS Form 3817, April 2007 PSN 7530-02-000-9065



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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

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Sent To

Dr. Melinda A. Lucas

Street, Apt. No.

1924 Alcoa Highway

or PO Box No.

Knoxville, TN 37920

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

BLANKENSHIP LAW OFFICE

DAVID W. BLANKENSHIP

ATTORNEY AT LAW
dblanklaw@gmail.com

CERTIFIED CIVIL TRIAL SPECIALIST



TN SUPREME COURT RULE 31

APPROVED GENERAL CIVIL MEDIATOR

LICENSED IN TENNESSEE & MISSISSIPPI

C. CHRISTOPHER RAINES, III
ATTORNEY AT LAW

attorneyrainesc@gmail.com

LICENSED IN TENNESSEE

December 20, 2013

Dr. John M. Dengler
105 Woodlawn Drive
Johnson City, TN 37604

REGISTERED MAIL

B-11323 – Rachael Dockery, mother and next friend of BND

Dear Dr. Dengler:

Pursuant to T.C.A. § 29-26-121, please be advised that I am the attorney representing Ms. Rachael Dockery, mother of BND xx/xx/ 2008) and that I am the authorized agent of Ms. Dockery (2979 Manville Road, Gate City, VA 24251). Through me, Ms. Dockery on behalf of BND is asserting a potential claim for medical malpractice, medical battery, and negligence against you. Enclosed is a HIPAA compliant medical authorization form in accordance with T.C.A. §29-26-121(2)(E). Pre-suit notice has also been provided to the following:

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400 N. State of Franklin Road
Johnson City, TN 37604

Dr. Melinda A. Lucas
PED CONSULT INC & PED CON E TENN PC
1924 Alcoa Hwy
Knoxville, TN 37920

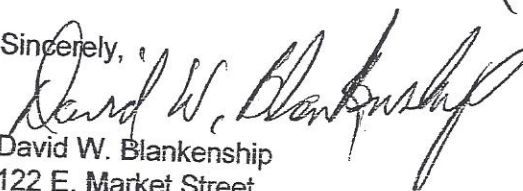
Dr. Melinda A. Lucas
400 N. State of Franklin Road
Johnson City, TN 37604

Tri State Mountain Neurology Associates, P.C.
Stephen M. Kimbrough, M.D., Registered Agent
105 Woodlawn Dr.
Johnson City, TN 37604

Dr. Melinda A. Lucas
ETSU Physicians & Associates/Pediatrics
325 N. State of Franklin Road/Ground Floor
Johnson City, TN 37604

We are requesting that you provide us and the above physician(s)/provider(s) with all medical records in your possession relative to BND upon receipt of this correspondence.

Sincerely,


David W. Blankenship
122 E. Market Street
Kingsport, TN 37662
423-246-5052

DWB/acr

Encl.

cc: Ms. Rachael Dockery

HIPAA-COMPLIANT
AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient:

BND

Birth Date:

xx/xx/2008

Social Security No.:

xxx/xx/ 1666

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- (7) Dr. John M. Dengler, 105 Woodlawn Drive, Johnson City, TN 37604.
- (8) David W. Blankenship, Attorney, 122 E. Market Street, Kingsport, Tn 37660

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12/17/13
Date

Rachael J. Dockery
Signature of patient or legally authorized representative

12/12/13
Date

Rachael J. Dockery
Rachael Dockery, mother and next friend of BND
, a minor child.

12-17-13
Date

Alvin Chesler
WITNESS SIGNATURE



Certificate Of Mailing

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From:

David W. Blankenship
P. O. Box 1909
Kingsport, TN 37662

To:

Dr. John M. Dengler
105 Woodlawn Drive
Johnson City, TN 37604

1000



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PS Form 3817, April 2007 PSN 7530-02-000-9065

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Sent To

Dr. John M. Dengler
Street, Apt. No.,
or PO Box No. 04 Woodlawn Drive
City, State, ZIP+4
Johnson City, TN 37604

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dr. John M. Dengler
105 Woodlawn Drive
Johnson City, TN 37604

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Kristina Fraas

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7011 1150 0001 9714 5726

Domestic Return Receipt

102595-02-M-1540

BLANKENSHIP LAW OFFICE

DAVID W. BLANKENSHIP
ATTORNEY AT LAW
dblanklaw@gmail.com

CERTIFIED CIVIL TRIAL SPECIALIST
TN SUPREME COURT RULE 31
APPROVED GENERAL CIVIL MEDIATOR
LICENSED IN TENNESSEE & MISSISSIPPI



C. CHRISTOPHER RAINES, III
ATTORNEY AT LAW
attorneyrainesc@gmail.com
LICENSED IN TENNESSEE

December 20, 2013

Tri-State Mountain Neurology Associates, P.C.
Stephen M. Kimbrough, M.D., Registered Agent
105 Woodlawn Drive
Johnson City, TN 37604

REGISTERED MAIL

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BND

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Timothy Belisle, Registered Agent
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122 E. Market Street
Kingsport, TN 37662
423-246-5052

DWB/acr
Encl.

HIPAA-COMPLIANT
AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient:

BND

Birth Date:

/xx/xx/2008

Social Security No.:

xxx/xx/1666

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- (7) Dr. John M. Dengler, 105 Woodlawn Drive, Johnson City, TN 37604.
- (8) David W. Blankenship, Attorney, 122 E. Market Street, Kingsport, Tn 37660

B. For the following purpose: To be reviewed by said providers and his/her/their attorneys, agents or representatives in connection with a potential medical malpractice action.

C. For treatment dates: Birth to present and valid for the duration of the claim and/or subsequent lawsuit.

D. Description of Information to be used.

Copies of medical records regarding BND in the possession of the medical providers listed above in Part A, including but not limited to all medical records, meaning every page in the records, including but not limited to; office notes, face sheets, history and physical, consultation notes, inpatient, outpatient and emergency room, treatment, all clinical charts, reports, order sheets, progress notes, nurse's notes, social worker records, clinic records, treatment plans, admission records, discharge summaries, requests for and reports of consultations, documents, correspondence, test results, statements, questionnaires/histories, correspondence, photographs, telephone messages, and records received by other medical providers. All physical, occupational and rehab requests, consultations and progress notes. All autopsy, laboratory, histology, cytology, pathology, immunohisto- chemistry records and specimens; radiology records and films including CT scan, MRI, MRA, EMG, bone scan, myelogram; nerve conduction study, echocardiogram and cardiac catheterization results, videos/CDs/films/reels and reports. All pharmacy prescription records. All billing records including all statements.

E. I understand the information to be released or disclosed may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency Virus (HIV), and alcohol and drug abuse. I authorize the release or disclosure of this type of information. This authorization is given in compliance with the federal consent requirements for release of alcohol or substance abuse records of 42 CFR 2.31, the restrictions of which have been specifically considered and expressly waived.

F. I understand the following:

1. I have a right to revoke this authorization in writing at any time by mailing a notice of revocation to any of the providers listed above, except to the extent information has been released in reliance upon this authorization.
2. The information released in response to this authorization may be re-disclosed to other parties.
3. Treatment or payment for treatment cannot be conditioned on the signing of this authorization.
4. The providers releasing the medical records are hereby released and discharged of any liability and I will hold the facilities harmless for complying with this authorization for release of medical information.

G. Any facsimile, copy or photocopy of this authorization shall authorize the medical provider to release the records requested herein. This authorization shall be in force and effect until the conclusion of any litigation involving the providers listed above.

10/17/13
Date

Rachael J. Dockery
Signature of patient or legally authorized representative

12/17/13
Date

Rachael J. Dockery
Rachael Dockery, mother and next friend of BND
, a minor child.

12-17-13
Date

Alvin Robinson
WITNESS SIGNATURE



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P. O. Box 1909
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To: Tri State Mountain Neurology Associates, PC
Stephen M. Kimbrough, MD Registered Agent
105 Woodlawn Drive
Johnson City, TN 37604

PS Form 3817, April 2007 PSN 7530-02-000-9065

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1. Article Addressed to:

Tri State Mountain Neurology Assoc. PC
Stephen M. Kimbrough MD Registered Agent
105 Woodlawn Drive
Johnson City, TN 37604

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

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☐ Addressee

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Cristina Isaacs

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Tri State Mountain Neurology Assoc.
Street, Apt. No., or PO Box No. 105 Woodlawn Drive
City, State, ZIP+4 Johnson City, TN 37604

PS Form 3800, August 2005

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